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SEPTEMBER-OCTOBER, 1967

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VOLUME 41 • NUMBER 5 • September-October 1967

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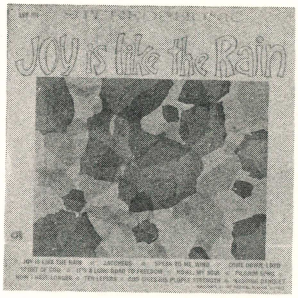
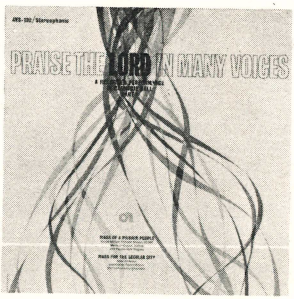
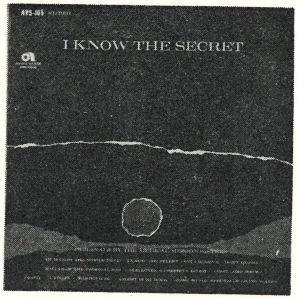
The Medical Missionary is published bi-monthly with ecclesiastical approbation by the Society of Catholic Medical Missionaries, Inc. Subscription: 1 Yr. $2.00; 2 Yrs. $3.00 2nd Class postage paid at Phila., Pa. Form 3579 Medical Mission Sisters, Philadelphia, Pa. 19111







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medical missionary

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In this issue, the American province of the Society of Catholic Medical Missionaries reviews the progress of the past year and gives its statistical report for 1966. Various efforts of the other provinces have been included in an attempt to indicate the scope of the Society's medical mission work.

ANNUAL REPORT

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INDIA

MANDAR AND KODARMA

Famine is no stranger to Bihar. The recent drought in this Indian province brought into sharp focus the ancient lines upon the faces of its 53 million people. Poor farming methods, outdated land structures, countless caste distinctions and the perennial problem of poverty have appeared in the flesh and blood of human starvation, disease and despair. And yet, this unwanted suffering has occasioned the unique experience of progress through united planning and effort.

The district administration of the province has joined energies with religious communities, voluntary organizations and concerned individuals to meet the desperate needs of the people. Medical relief centers have been established and staffed by Sisters of various indigenous and foreign communities, among them the Medical Mission Sisters. Sister M. Leonie, S.C.M.M., M.D., set up the medical standing orders for these nurse-run dispensaries and secured living accommodations for the Sister-teams. Sister Maura, S.C.M.M., is the elected head of the teams.

Holy Family Hospital, Kodarma, has been the center of relief work in the

What can hide the features of famine?

Sister M. Leonie, M.D., examines the swollen abdomen of a starvation victim.

This lucky fellow advertises the great contribution MISEREOR has made of a thousand bags of flour for the people of Bihar.

Deoki weighed four pounds at 1½ years when he came to Holy Family Hospital, Kodarma.

INDIA

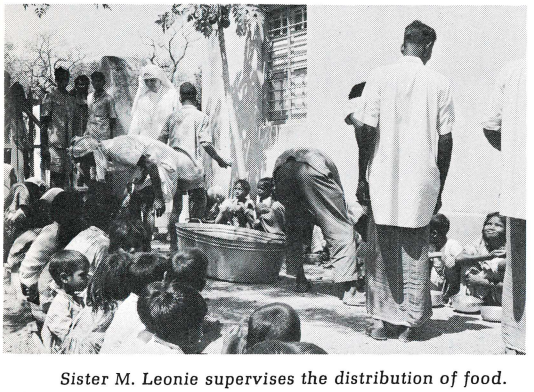
MANDAR AND KODARMA

Hazaribagh District for the treatment of starvation victims as well as the distribution of food to six villages in the area. In Ranchi District, Holy Family Hospital, Mandar, serves as another medical center, supplying instruments, medicines, personnel and hospitality to Sister-teams in Daltonganj, 85 miles away, and to Manjhion, two hours away. Serious surgical cases come to Mandar from these areas and from the Mennonite Mission Hospital between Chanda and Daltonganj. At Holy Family Hospital, Patna, 80 to 120 people come daily, hungry and out of work, to weed and water the garden, plant and harvest its vegetables and build a road—in exchange for a ration of grain. In addition, the public health work of the Sisters has been increased to reach those unable to come to the hospital.

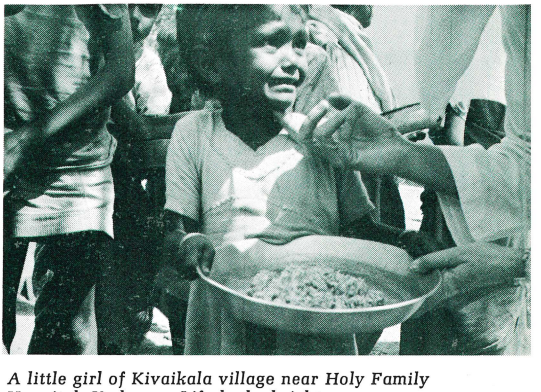
A close look at the team in Manjhion reveals the pathos and the promise of this medical work. One veranda of a century-old palace of a Raja serves as living quarters for four Sisters. Bamboo screens and a curtain only enhance the novelty for curious villagers who decide to investigate the visitors. The other veranda

After two months of food and therapy, Deoki weighs 13 pounds.

Waiting for food . . .



Sister M. Leonie supervises the distribution of food.



A little girl of Kivaikala village near Holy Family Hospital, Kodarma. Life looks brighter over a bowl of food.

INDIA

MANDAR AND KODARMA

has become the dispensary. Each day the team walks to its sub-centers in neighboring villages for public health work and once a week travels to Daltonganj for evaluation sessions with other teams.

Presently, the famine is under control as a result of such programs as "free-kitchens," CARE-feeding, food-for-work projects and government ration cards. Some people have suffered permanent loss, like the young couple whose four children died from starvation because they were not cared for in time. Others, like one-and-a-half-year-old Deoki, who came to Holy Family Hospital, Mandar, as a tiny, four-pound bundle of bones, now view life with new hope and growing health.

The task at hand to test and tighten government and private cooperation is the prevention of famine in the future. Medical Mission Sisters and others in the field must play the role of pathfinders and pacesetters in the development of Bihar, introducing procedures and setting standards that open new approaches to age-old problems. Only then will the gaunt and woeful features of famine disappear from the face of this land.

Sister F. Marie Therese and assistants find their public health services greatly needed by famine victims.

INDIA

NEW DELHI

"The results of the government examinations in midwifery for Holy Family Hospital were 100%!" reports Sister Pascal. "All 13 candidates passed. We had two honor awards—the only two out of the entire State of the Punjab." The hospital stood first among the 27 participating in the examinations.

Holy Family Hospital, New Delhi, is an important training center in India. Situated in the cosmopolitan capital city, it offers opportunities for training in nursing, midwifery, laboratory technology and X-ray. Over 80 students participated in its training programs this past year.

Recently, the 110-bed hospital received a grant of $850,000 in Indian *rupees* from the U.S. Agency for International Development. The money will be spent in constructing a building to house the Sisters, nurses and medical staff of the hospital. Another 140 beds will then be open for patients.

In 1966, the out-patient department cared for 57,836 people. The number of hospital admissions reached 6,568. The total number of births was 1,409.

Sister Michael Ann instructs Sister M. Th. Monica in medical technology class at Holy Family Hospital, New Delhi.

INDIA

PATNA

Sister Carmela received the prize for the best all-round nurse upon completion of a ten-month health course at Lady Reading Health School in New Delhi. The only non-Indian in a class of 24, she received the diploma of certified Public Health Nurse.

The course included class and field work in urban and rural areas. The eight weeks field work in the training center near Palam (17 miles from New Delhi) was an experience in village living. Each student had a string bed. Their tin trunks were their chairs, their beds served as desks, the floor was their table. It was mid-winter and bitter cold. To get a little warm water, the 12 students contributed to a fund to buy a tin can and cowdung cakes for fuel. They ate *chapatti,* rice, *dhal* and vegetables cooked on charcoal, with a "sweet" dish and two eggs once a week. It was a real initiation into rural living.

Sister Carmela is back now at Holy Family Hospital in Patna, in charge of the public health department. In 1966 the 200-bed hospital on the banks of the Ganges River treated over 32,327 people in its out-patient and public health departments alone. The American Province's worldwide out-patient and public health programs of 1966 cared for a total of 563,532 patients.

Sister Carmela enjoys a camel during her public health course in New Delhi.

INDIA

THURUTHIPURAM

A severe epidemic of typhoid brought many patients to the Medical Mission Sisters' hospital recently. It was a struggle to provide the needed ice cubes, even with three refrigerators on round-the-clock service. As most of the patients were from one area, a program of mass inoculations was organized by the Sisters through the parish priest. Initial response yielded over 300 people to counteract the spread of the disease.

Medical Mission Sisters have been bringing professional medical care to the people of Thuruthipuram since 1953. Although the hospital is a small one of 54 beds, its impact is great, for it is the only hospital in the area. In 1966 more than 33,000 persons were treated.

Sister M. Th. Rose Clare with an anxious mother at the bedside of her little boy.

INDIA

BOMBAY

Holy Family Hospital, Bombay, is often a stopover for Sisters en route to assignments inland, or for those traveling between houses within the region of India. Sister M. F. Lucia's "stopover" last May caused more than a little comment. Sister Lucia, an Indian pharmacy student, joined the Bombay community for six weeks in order to work in Glaxo, the city's big pharmaceutical company. Pharmacy students in India are required to have some experience of this type.

"It caused quite a sensation to have a Sister working in a factory," writes Sister Suzanna. "Quite a few of the employees have had their babies here at the hospital and associate 'Holy Family' Sisters with hospitals, not with factories. The very first day, someone asked Sister if she had left the community! She is bombarded with questions daily and is happy for the opportunity to do a little publicity work for the hospital."

Employees soon got over their initial surprise and were genuinely pleased to have Sister Lucia with them. The girls of one department had an ice cream party for her on her last day in their area. She had been there all of three days!

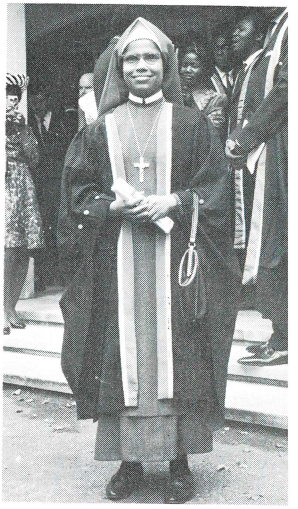
Sister Lucia moved from department to department, gaining valuable experience at every turn. She was requested to submit daily comments and criticisms of all she saw. The program introduced her to the practical side of manufacturing drugs, to management procedure, to personnel problems and their solutions. All this is preparation for the day when Sister will be managing a department of her own.

Holy Family Hospital, Bombay, cared for 25,340 out-patients and 1,509 in-patients in 1966.

INDIA

POONA

Since its opening in 1951, this training center has contributed 45 Indian Sisters to the Society's worldwide medical mission work. Members of the Society's American province at present, these Sisters, together with the members of the Society's South Indian province (of the Syro-Malabar rite), are making their mark on the world situation today. With the compassion of Christ and a deep concern for the sick as their coat of arms, they continue to proclaim Christ's healing gospel to the people of Southeastern Asia. Professionally competent, dedicated women, they render real and lasting service to their own and other developing nations.



Sister M. Th. Gemma (of the South Indian province) receives her membership to the Royal College of Obstetricians and Gynecologists.

A young Indian girl is welcomed to the Medical Mission Sisters' novitiate in Poona.

WEST PAKISTAN

RAWALPINDI

Shortly after this "walker" was received from a friend in America, Zubeda arrived at Holy Family Hospital, Rawalpindi, asking our help. As a result of a spinal injury she had not walked for two years. During last year, feeling and strength gradually returned to her paralyzed legs. Doctors encouraged Zubeda to use crutches, but because the muscles of her legs had almost completely degenerated, the transition from total bed rest to crutch-walking was too overwhelming. After two weeks of physiotherapy, Zubeda was moving about with the aid of her "walker." Soon she was able to return home with the sole support of crutches. The change in her mental outlook was as great as her physical improvement.

Holy Family Hospital discharged Zubeda with the hope that in a few months orthopedic shoes would be her only support. Thanks to donations such as this "walker," the 17 Sisters who help to staff the 200-bed hospital were able to care for a total of 7,060 admissions and 59,089 outpatients in 1966.

Zubeda demonstrates for Sister M. Petra the effectiveness of the walker.

WEST PAKISTAN

KARACHI

"We would like to see our new baby, please." The little Pakistani girl presented the request in perfect English with all the dignity of her 8 years. Three others in descending size stood as silent support beside her. Any argument about hospital policy failed to sway such firm belief in the rightness of the demand. "We are all Holy Family babies," the precocious spokesman said, "so we ought to be able to see the new one." On these grounds, the four were ushered up the back stairs to their mother's room.

Holy Family Hospital, Karachi, forms one link in the chain of hospitals and training centers run by the Medical Mission Sisters in developing countries. These centers have grown with and for the medical, social and economic progress of the countries. In West Pakistan over a period of 20 years, the care of women and children has advanced from the rather dubious assistance of illiterate *dais* (midwives) to the intelligent, well-prepared attention of nurse-midwives, registered by the government after four years of training. Holy Family Hospital, Karachi, graduated its first group of 11 nurse-midwives in December, 1966. At the same time, 38 nurses also completed their three-year course.

One noteworthy result of this growth is a program of cooperative training between the hospital and the government's Maternal and Child Health Center in Karachi. Holy Family nurses have been spending the two months of "domicillary" (home-visiting) midwifery required by the government at the Center, while students from the Center come to the hospital for several weeks' affiliation.

Also in 1966, the Obstetrics and Gynecology residency at Holy Family Hospital in Karachi was recognized by England as adequate preparation for the practice of OB-Gyn in that country. Consequently, Pakistani doctors trained at the hospital share equal status with the same specialists educated in England.

The overall statistical picture for the year in this 149-bed hospital lists 6,994 admissions, 38,405 out-patients and 2,393 births. The number of operations equalled 1,744.

Sister M. Austin, M.D., chats with Pakistani doctors during rounds at Holy Family Hospital, Karachi.

EAST PAKISTAN

DACCA

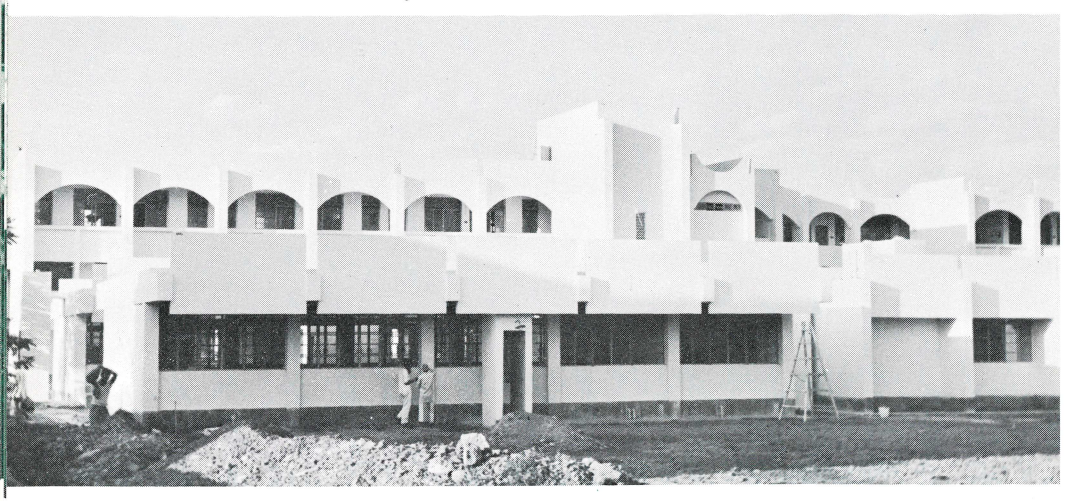
The year in review for Holy Family Hospital, Dacca, East Pakistan, tells a growing story. The people who sought healing as in-patients numbered 4,460, while 25,386 others claimed care in the out-patient department. The number of births totalled 1,021. Behind these statistics flows a rhythm of need presented and answered, of knowledge possessed and shared, of love given and received, which touches and heals the bodies and the spirits of men.

The Medical Mission Sisters have lived and worked in this southeastern corner of Pakistan since 1930 when, in response to the Bishop's petition, three Sisters assumed the supervision of the city's two health centers. The intervening 37 years have seen a steady effort to improve the conditions of women and children and to contribute to the growth of nursing in the country. In 1953, the present Holy Family Hospital was built, much of the labor and resources coming from the local people. And in 1966, the completion of a three-story building to house the nursing students and some of the graduate staff marked another milestone in the history of the hospital. As this addition includes classrooms and dormitories, it eliminates makeshift classes in such places as waiting rooms, and frees more hospital beds for patients. The 25 nursing students and five midwifery trainees profited immediately from the expansion.

Nursing education in Pakistan has progressed greatly in recent years. All nursing and midwifery students must take a government examination to obtain a certificate to practice. Several Medical Mission Sisters are currently serving on these government examining boards for certification.

Perhaps the finest end to this story of Holy Family Hospital, Dacca, is the fact that it is still being written, and government, people and Sisters share the leading role.

The new nurses' residence and nursing school at Holy Family Hospital, Dacca, built with the help of MISEREOR.



EAST PAKISTAN

MYMENSINGH

St. Michael's Hospital, Mymensingh, is located at the edge of town among the rice paddies. Its out-patient department welcomes people of many different ages and needs, who come from far and near for medical care. It is not uncommon to have a person arrive after several days of travel by train or riverboat or oxcart.

The complaints are familiar: malnutrition, typhoid, malaria, intestinal parasites and smallpox, which plague a land where subsistence and survival remain a daily struggle. In 1966, 31,952 people received treatment on this dispensary basis. The in-patient total was 988.

Sister M. Teresita shares her new friend with the whole out-patient department at Mymensingh, East Pakistan.

GHANA

BEREKUM

Wednesday is Ladies' Day at Holy Family Hospital, Berekum. Anywhere from 135 to 200 women come to the weekly maternity clinic for examinations, a class and plain old "palavar" (small talk). Sisters Aidan, Camillus, and Rosemary see each woman for a check-up during the first part of the morning. Then at 10:00 a.m., one of the student nurse-midwives explains the process and the privilege of labor and delivery. This class is held in the shed outside the O.B. section of the hospital.

The weekly clinics have proved to be excellent preparation for childbirth. The women are eager to learn all they can. When labor actually begins, it is a calm and beautiful experience for them. Two days after delivery, they return home.

Follow-up visits are made in the home by the student nurse-midwife to examine mother and baby, and to check that both have the proper diet and care. Of course, the nurse-midwife receives the royal treatment from the members of the family. The children extend their hands in greeting. Someone pulls up the one chair in the house and another runs for water, so the nurse can wash her hands. Usually she finds the baby doing well, completely initiated into social life with eye make-up and the traditional scar on the face, both signs of great beauty.

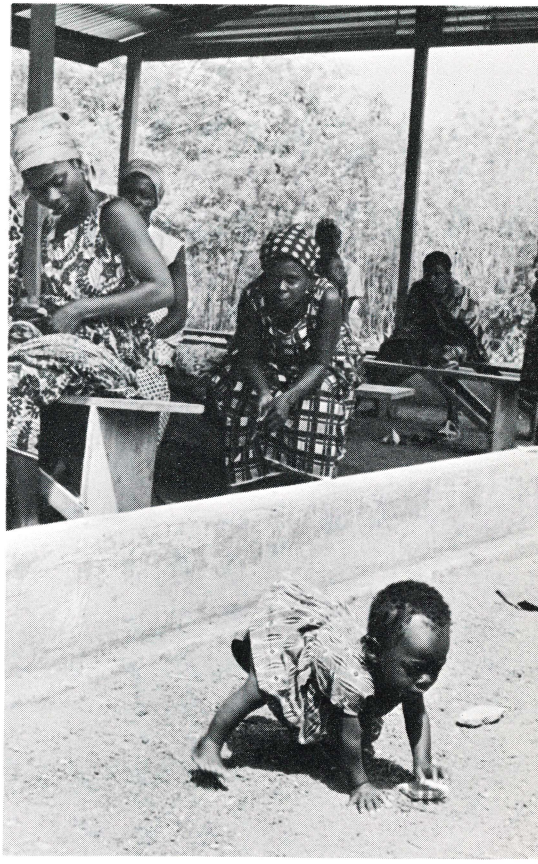
Post-natal care continues through the well-child clinic on Tuesdays at the hospital. Every mother is given a card covered with a plastic bag to keep record of the baby's weight. This card is presented each time the mother comes to clinic.

The total patient care provided by the maternity clinic has brought much confidence and joy even to women with poor O.B. histories. One mother, who had only one living child after nine pregnancies, delivered a live baby by Caesarian-section in the hospital.

The number of deliveries in 1966 at Holy Family Hospital, Berekum, totalled 608. The number of admissions equalled 3,649, and the out-patient total reached 52,495.

Plans are pending on the construction of a 50-bed maternity block and a 50-bed pediatrics section. The present maternity block will then be converted into quarters for the midwifery students.

Baby plays in the sun while mammy waits for class to begin at Holy Family Hospital, Berekum.



GHANA

TECHIMAN

Compound classes were started this past year. One afternoon each week, a Sister-nurse and her assistant go out to one of the compounds, a group of houses which open into a central meeting area. Arrangements are made beforehand, so that all the women are waiting. The visit is usually from 5 to 6 p.m., just before dark, after the women have finished cooking and eating their main meal.

All sit in a circle as the nurse gives a class on diet, hygiene, family life and child discipline. The lecture is followed by discussions and shared experiences. It is no small feat, getting the women to come. Although they are enthusiastic and want the classes very much, they just do not have the time. Their day is so full that by 6 p.m. they are ready for bed!

The Techiman woman's day begins at cockcrow—around 4:30 a.m. She goes at once to get water from the river, takes a quick breakfast, if she eats at all, and then goes off to the farm which is sometimes four or five miles from town. The entire day is spent clearing, planting or weeding, gathering firewood and food. By 3 p.m. she is on her way home to bathe and cook for herself, her husband and her children. It is no surprise to the visiting Sister-nurse that the women of the compound often doze during a talk on food preparation or cleanliness.

The discussions, however, are always stimulating. Problems of disciplining school children are many. As the women themselves have not been to school, they find it difficult when their children do not help around the house, or when they lie to them. This did not happen when they were growing up. They ask for advice, and often lively debates ensue as to the best method of training.

At "compound" classes the women are also learning that it takes the help and support of the fathers to make a go of family life. In addition, they are finding out that improper facilities for bathing, poor sanitation and lack of garbage disposal are the causes of much of the sickness from which they and their children suffer. The men are the only ones who can organize that type of town development. The women are being encouraged to spur their men on to accomplish this much-needed preventive medicine. There are hundreds of compounds in Techiman, so the project continues. It is hoped that in the future, the number of patients treated at the hospital—36,505 in 1966—will greatly diminish.

The pied pipers of Techiman.

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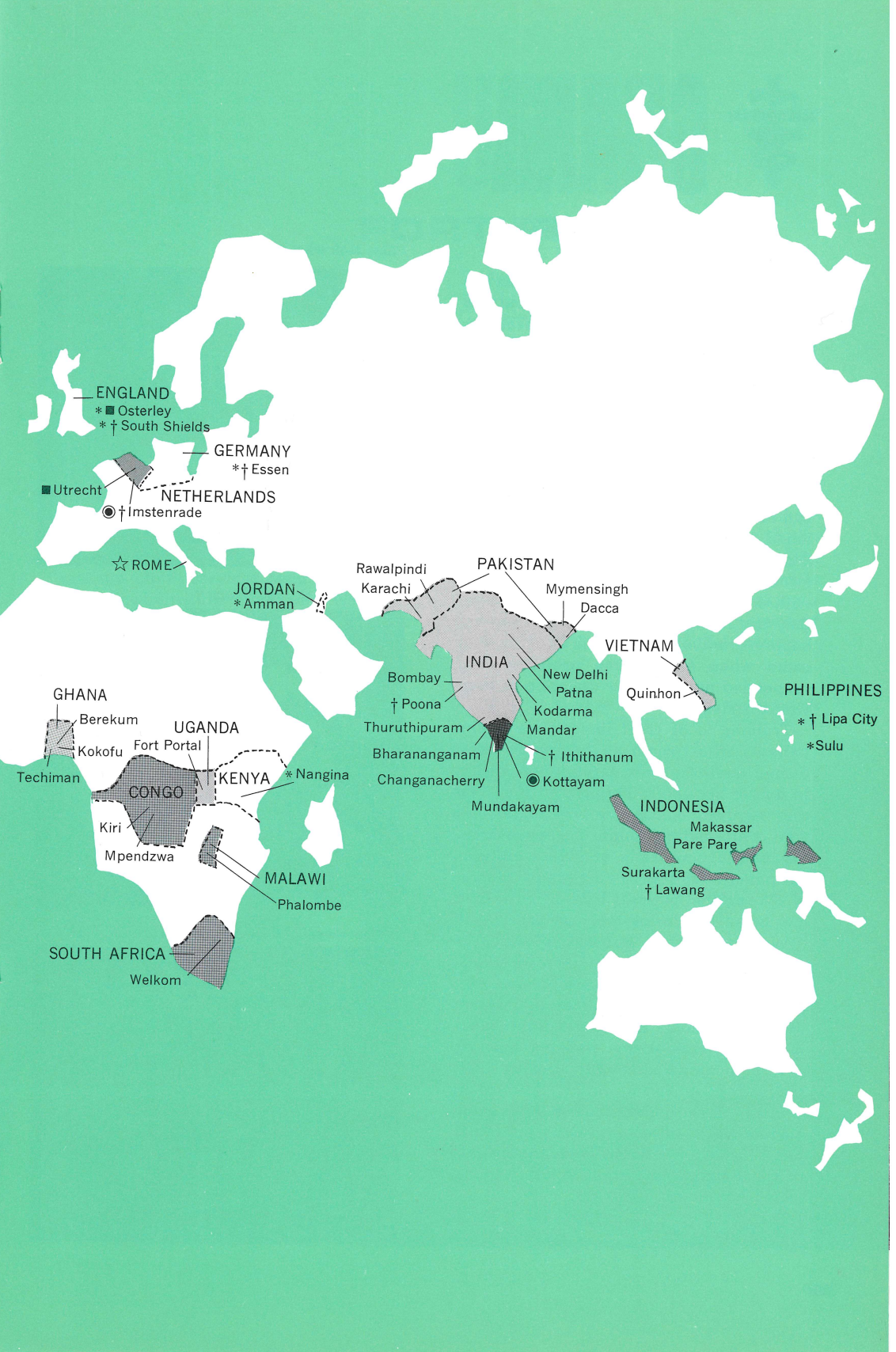
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SOUTH AFRICA
Welkom

GHANA

KOKOFU

During the past year, a crate of yarn has brought a new skill and many hours of joy to the patients of Kokofu Leprosarium. Only two of the twenty-four residents volunteered for lessons in the art of knitting at the onset of the project, but the colorful bandages, slippers and sweaters made by the pioneers soon persuaded the other patients to try their hand. From then on there was no peace . . . everyone wanted a sweater. Knitting needles became scarce and aluminum wire clothes line was fashioned into needles to meet the demand. Blankets, hats, socks and treasured sweaters soon had the settlement aglow with color. Eager hands were never idle; they had found a great treasure. The yarn supply gradually dwindled and the day came when all knitting projects were suspended until another donation of yarn would arrive.

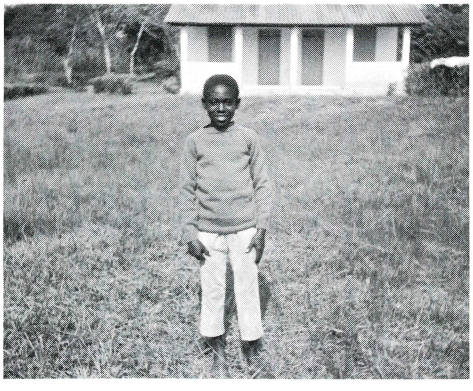
Training is of great importance to the patients who remain at the government-owned institution for varying periods up to five or six years. Throughout this time they receive medical care from the Sisters who staff and maintain the settlement. Learning a new trade or skill facilitates the patients' return to village life. A total of 225 resident patients have been trained and cared for during the past year.

Work to control Hansen's disease extends beyond the scope of settlements. The Kokofu Leprosarium cooperates with the Ghanaian government in a program for the diagnosis and treatment of non-infectious lepromatous patients who do not require custodial care. During 1966, clinic treks, covering about one-third of Ghana, have reached over 2800 men, women and children who are scattered in the villages and hidden bush settlements of the Ashanti and Brong-Ahafo regions.

"Say, look what I made!"

"We started the ball rolling."

"What do you think of my sweater?"



UGANDA

FORT PORTAL

Holy Family Hospital School of Nursing, the only nurses' training program in all of western Uganda, sent forth its first graduates in January of this year. Since its opening the school has been besieged with applicants in an area where the scope for medical development is unlimited. Weekly medical safaris from the hospital service an area of 65,000 people with no resident medical personnel.

Holy Family Hospital has been working with the local government hospital in the training of its nurses. Students visit the government hospital and observe in specialized clinic services such as tuberculosis, malnutrition, maternity and eye, where they are taught by the clinic doctor and staff nurses. Each student accompanies the local government public health nurse on home visits, and observes and works with her in the district health centers. This gives the student experiential knowledge of preventive aspects of health care, as well as the combined efforts of hospital and community in meeting the needs of the patient. All this is preparatory to a proposed program of affiliation with the government hospital as part of the students' basic training.

Today the nine graduates are helping to staff both private and government hospitals in East Africa. Together with the more than 450 student nurses in training in the American Province's nursing schools throughout the world, they are making a significant contribution to both the present and future development of their nation.

Meet Venturina, a Mutoro nurse, at Holy Family Hospital, Fort Portal.

Sister M. Gregory, M.D., makes rounds with one of the student nurses.

VENEZUELA

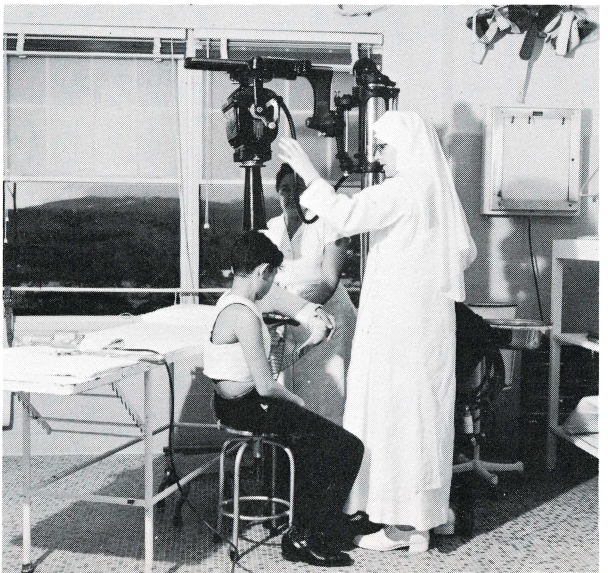
MARACAIBO

A genuine determination for self-improvement and professional training has prompted a two-year training course for X-ray technologists in Maracaibo, Venezuela. Never before in Venezuela had a formal training program been open to the field of X-ray technology, a service so necessary for competent medical care. Until this time, one qualified for an apprenticeship in a hospital X-ray department at the completion of sixth grade (comparable to seventh grade in the U.S.).

Eager for more advanced knowledge and preparation, the Venezuelan Society of X-ray Technology looked for assistance. INCE, an adult education program, supported the proposed project. A two-year training program for technologists began in February of 1965. Three nights a week, after a full day's work, the technologists met at the Maracaibo Hospital from 7 to 10 p.m. for classes in such subjects as anatomy, mathematics and physiology. Sister Maurice, of the Medical Mission Sisters, X-ray technologist at work in Venezuela, joined the program to earn a Venezuelan certificate. Seeing the need for a course in techniques which would incorporate more demonstrations and student practice, Sister suggested her idea as a possibility for the next year's studies. There was no teacher available, and since Sister Maurice had been formally trained in the States, she was asked if she would consider teaching the course.

March, 1966, opened the second year of studies. Attendance at classes was often a real sacrifice for many of the technologists who had families to care for and held full time jobs. Sister Maurice's techniques course included lectures, demonstrations of positions and practice, and put a special emphasis on respect for the patient as a person.

Twenty-one X-ray technologists received certificates at the conclusion of the program in June, 1967. The expectation for future trainees is a university program in X-ray technology, a necessary addition for the growth of the medical field and a goal toward which the X-ray Society is presently working.



Sister M. Maurice puts into practice what she teaches.

VENEZUELA

CARIPITO

A public health teaching program has been initiated in the past year by the Caripito hospital in answer to the increasing health problem posed by recent unemployment in the area's sole industry, oil refinery.

Poor health habits have been the source of an influx of recurring faces in the hospital's out-patient department. These patients have been for the most part *Campesinos,* or people who have recently moved into "city" life — an observation which has led to a companion teaching program of simple health practices.

Finding the right syllabus which would be appealing and yet meet the needs of the people required careful planning. After this was done, the Sisters selected groups of 25 women from among the out-patients and began a file. They visited each home and filled out data cards as to type of house—mud walls, zinc or thatched roof, dirt floor—number of people, etc. and extended an invitation to each family to join its neighbors in the health program.

The course presently consists of a series of lectures given by nurses, doctors, a dietician and a pharmacist over a period of eight weeks, and includes a sharing of problems and discussion on the possible solution. Throughout the course home visits are made and families are guided in the understanding of principles and practical application.

Progress is evident. There are the simple dirt floors swept clean and the mud walls brushed free of the many cobwebs that covered them on the first visit. There are the simple wood and wire screen cabinets, made according to class instructions,

Sister Imelda Marie's arrival opens the door to healing . . .

VENEZUELA

CARIPITO

to protect food from flies. There are the bottles of carefully boiled water covered to keep out insects, and the many children who are proud owners of cards confirming their vaccinations.

On the other hand, there are still those who cannot afford the dollar to buy the needed materials to make a protective cabinet. There is the home that still has the pig sharing the floor of the cooking area with the creeping year-old child, and vegetables that are tossed in a corner. Little by little these too may come to benefit by the public health program.

The health course has most recently spread to San Pablo, a village partaking in a building project sponsored by the Department of Sanitation. Small cement block houses are replacing the thatched roofed houses that breed the malaria-carrying mosquito and the Chagas Disease-carrying kissing bug. The parish of Caripito helped to raise funds for building materials and a school has been completed. Until materials are obtained for a clinic, nurses and doctors from our hospital and nearby government clinics give their free time once a week to hold an out-patient dispensary service in a village home. The health course has had a promising response and there is a well-founded hope that as the people of San Pablo move into their new homes, they will take with them new and improved health practices.

. . . and paves the way for a brighter future.

VIETNAM

QUINHON

Nguyen Thi Lien had a history of premature births and now in her seventh month of pregnancy fatal signs foretold the ordeal she would experience for the sixth time.

The expectant mother was a fisherman's wife and like most of the fishing community their only home was a sampan (fishing boat). Poverty had denied her the prenatal care she required in her previous pregnancies and now, in her late thirties, she was concerned at the possibility of losing still another child. Her husband had threatened to remarry and Nguyen's mounting anxiety brought her to Holy Family Hospital to ask for help.

The nursery soon had her tiny, premature girl, weighing less than three pounds, under its close attention. Constant nursing care was of primary importance in the struggle for life . . . feeding every three hours . . . a close eye on fluctuant weight . . . respiratory difficulties . . . life in an incubator.

Nguyen left the hospital two weeks later without her child, but faithfully returned each day with her husband after their fishing had come to an end. She was given instructions in child care and basic sanitation. The proud father extended his home to include a small hut on the land so that utensils could be sterilized over a fire and newly acquired health principles could be put into practice. Two months

Sister Marguerite rejoices with Nguyen Thi Lien over the growth of her little girl.

VIETNAM

QUINHON

later the healthy five-pound baby entered her new home. Sister Marguerite, RN, who had been in charge of the baby during her hospital stay, visited Nguyen's home weekly to note progress of both mother and child and to offer help in carrying out new health habits.

Life has been filled with joy for this Vietnamese family since their new arrival. Now Nguyen's husband is enkindling an old hope that one day he may even have a son!

1966 brought 35,945 Vietnamese to Holy Family Hospital, Quinhon. Slowly, the soon-to-be-expanded 40-bed hospital and the newly-opened school of nursing are making inroads on the seemingly endless lineup of the sick.

ROME

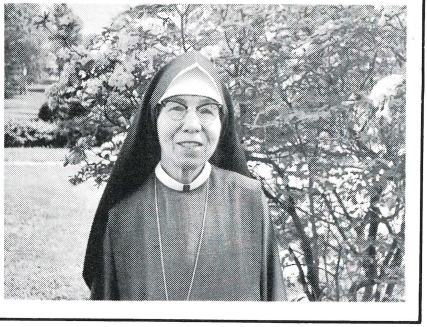
For the second time Mother Anna Dengel has received special recognition from her homeland Austria. In late June the Republic of Austria conferred upon her the high award of the *Grosse Goldene Ehrenzeichen*—the Golden Cross of Merit. This insignia of honor was given to Mother Dengel in virtue to her many accomplishments and for the distinction that her work has brought to the Republic of Austria. To receive this award Mother traveled to Vienna, where she was joined by many Church and State officials, fellow physicians, relatives and friends. Last year Mother Dengel was honored by her country for the first time, when she was given the famous *Ehrenring* by the government of the Tyrol.

Mother Dengel displays the Golden Cross of Merit she received from the Republic of Austria.

"When Your word, O God, is spoken, we shall be healed, we shall be healed." On July 10, 1967, God's final word of healing was spoken to our Sister M. Therese.

Sister M. Therese McCardle was born in Mid Lothain, Scotland, on June 17, 1901. She entered the Society of Catholic Medical Missionaries in 1928 and made her first religious profession on December 21, 1929. She died in Philadelphia.

Sister Therese was one of the pioneer members of our Society and in her 38 years of religious life filled many important posts. She went to India in 1930 and in 1932 helped pioneer in Dacca. Sister also served in Philadelphia, Atlanta, Washington, and Osterley, England. Sister Therese contributed greatly to our Society and was a real source of joy to all who knew her.



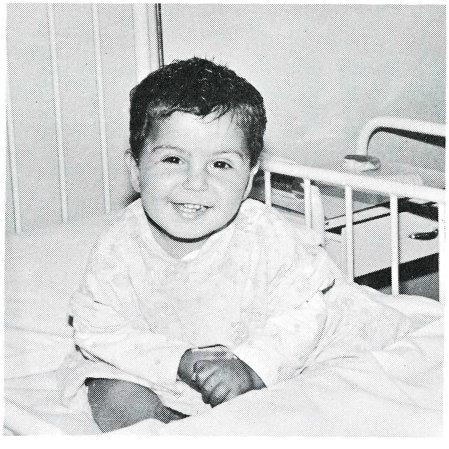
JORDAN

AMMAN

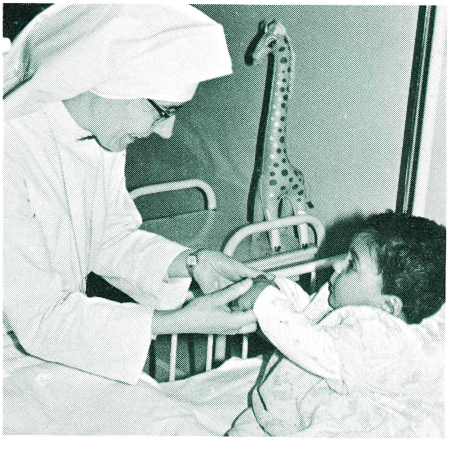
Ahram came to Muashir Memorial Hospital following a fall while visiting his grandmother. He remained unconscious for ten days and then awoke with paresis (partial paralysis) of the left arm and leg. Exercises began immediately and now, twenty days later, Ahram is showing improvement as he regains the use of his paralyzed limbs.

The 127-bed hospital, owned by the Muashir family and built as a memorial to their father, is staffed by 17 Medical Mission Sisters from England, United States and Holland.

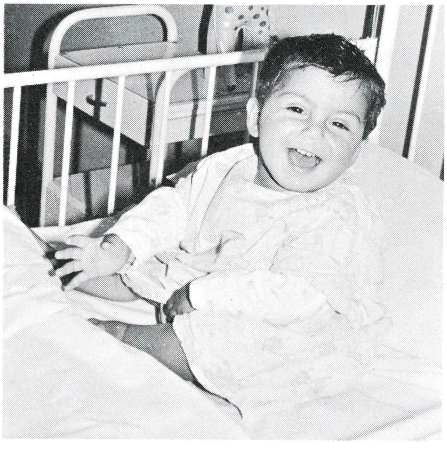
"I am Ahram."



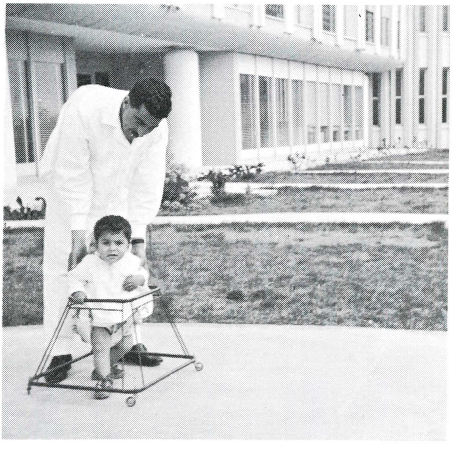
"These exercises are almost fun, Sister."



"Now if you want a few extra goodies, I'll tell you how to go about it."



"I never met such persistence in trying to make a fellow walk."



KENYA

NANGINA

It was a BIG day when the plane finally landed, an event in the history of Nangina, Kenya. Everyone raced toward the airstrip to catch his first glimpse of the silver flying machine. It landed successfully, and then took the patient safely to Nairobi. The Flying Doctor Service to Holy Family Hospital, Nangina, became a reality.

The seed was sown in 1965 when negotiations began with the African Medical and Research Foundation at Wilson Airport in Nairobi. Holy Family Hospital met all the requirements: it had a resident doctor and was in an isolated area, 20 miles from a phone and 40 miles from another hospital. The local chief welcomed the project enthusiastically, and various political groups in Nairobi backed it. Finally, in November, 1966, an engineer arrived to install a ham radio, enabling daily contact with the government hospital in Nairobi for consultation and supplies. Only the poor condition of the one airstrip in Nangina hindered operations. The chief mobilized some men to measure and prepare the strip. Even some of the hospital employees helped. After several months of hard work, the strip was ready and the eventful day in April took place. The local government has requested an official opening of the airstrip in the near future.

The Flying Doctor Service forms part of the general surgery section of the African Medical and Research Foundation. Its central radio station at Wilson Airport in Nairobi maintains daily contact with all the stations connected with the service. The "flying" doctor makes a routine surgical visit every six weeks to perform any surgery scheduled and to teach surgery to interested doctors at the hospital.

Joice is a little girl who owes much to this new addition to Holy Family Hospital. She went to sleep one night with her lantern lit. Somehow the lantern fell and her bed clothes burst into flames. She arrived at the hospital with third-degree burns over 40% of her body. A team of plastic surgeons came regularly from Nairobi to complete massive skin grafts on her chest and neck and face, encasing certain parts in a plaster shell to prevent strictures. Joice was also badly in need of blood which no one in the hospital could supply. Three pints of blood were flown in from the Blood Bank in Nairobi on one of the doctor's visits. Joice's chances of survival increase daily, thanks to the cooperation of the Flying Doctor Service and of everyone at the hospital. Even a stray hen which roosted in a flower pot on the veranda of the hospital unknowingly contributes her part by laying one egg every day. This egg is always set aside for Joice.

The African Medical and Research Foundation was established to help the small hospitals in Kenya, Uganda and Tanzania. It is supported by government funds in Kenya and by donations from the United States, England and Germany. Its two areas of concentration are the Flying Doctor Service and the Mobile Eye Unit.

The latter consists of a team of eye specialists who travel to different parts of Kenya to do eye surgery. The unit has made Holy Family Hospital its center for the area. The response to it has been overwhelming.

Is it any wonder then that the people of Nangina are amazed? The new services at Holy Family Hospital have opened wide and wonderful avenues of healing for them.

SOUTH AFRICA

WELKOM

For some time, the Sisters who staff the nurses' training school in Welkom have been seeking government recognition for their graduates. Their persevering efforts have achieved their goal. The graduates of the training school will receive an official diploma recognized by the government. Now, for the first time, these African nurses will exercise their profession as fully qualified nurses. This fact opens many possibilities for the Africans who, up to this time, have not been recognized as nurses even though training qualified them to practice this profession.

The Ernest Oppenheimer Hospital in Welkom, South Africa, was built for the mine workers by the Anglo-American corporation in 1951. It has since grown from a 320 to a 900-bed capacity. The hospital is provided with modern equipment in its physiotherapy and occupational therapy units, two key departments in a hospital that primarily treats the mine casualties. The Medical Mission Sisters of the Dutch Province are in charge of nursing service and the nurses' training school with a present enrollment of 80 students.

This is Ishmael, one of the senior male nurses who gives an injection to a patient at the Ernest Oppenheimer Hospital of Welkom, O.F.S. The senior male nurses are in charge of a ward of 50 patients under the supervision of the ward-sister.

MALAWI

PHALOMBE

Sister Martha recently undertook a new work, the position of Secretary of the Private Hospital Association of Malawi. All of the nation's private hospitals — Protestant, Anglican, Catholic—are represented in the new organization. It was founded in 1965 as an ecumenical venture by which the Churches of Malawi now coordinate their medical services to the nation. Of its 83 members, 40 are actually hospitals, the others dispensaries.

Each day Sister Martha climbs into her Volkswagen and commutes from Limbe to her office on the premises of the Ministry of Health in Blantyre. Her daily tasks are plentiful, varied, interesting. They range from hospital visiting to filing the many papers and letters that tend to accumulate on her desk, to daily meetings with the Christian Service Committee. This group is currently sponsoring a five-year pilot program of community development, public health, agriculture and literacy in full cooperation with Roman Catholic groups.

"Cooperation and interrelations among the various groups are splendid," writes Sister Martha. "I have now visited eight places in the Central region, and five in the South. I hope soon to get a chance to go North. I can't help but think as I drive along, how beautiful a land is Malawi. They call it the Switzerland of Africa. It is rich with mountains, rivers, cataracts, cascades, lakes, woods, wonderful birds. Parts of the land are still lions' country, other parts still belong to the elephants."

Visiting institutions means increased paper work for Sister Martha. Back at the office, she helps institutions organize their applications for grants, corresponds with agencies, streamlines requests for and offers of volunteer personnel. An important part of the work is to inaugurate an efficient system of statistics.

"Our first bi-annual board meeting last week left me dizzy," recalls Sister Martha. "The ever-recurring refrain was, 'Let the secretary discuss this with . . . ,' 'Let the secretary try to find out . . .,' 'Let the secretary write . . .' "

In her role as secretary of the P.H.A.M., Sister Martha wears lay clothing, is addressed as Miss Marissing, returns to the Medical Missions Sisters' hospital and convent in Phalombe on weekends.

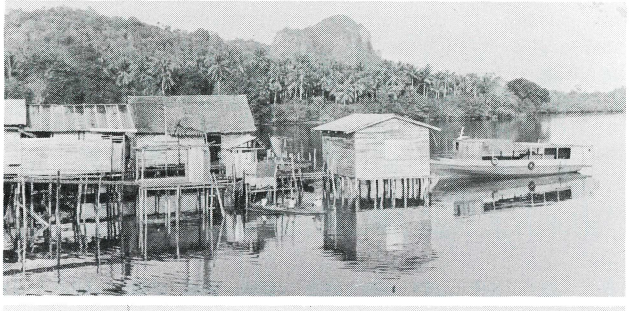
Cooperation between the organization and the local government has been extremely good. The Ministry no longer deals with individual mission hospitals, but channels all its business through the central office of the P.H.A.M. The organization, in its short history, has already begun to achieve its purpose: closer cooperation among private medical groups working in Malawi, greater unity in training and organization, more meaningful contact with the local government. It is the only organization of its kind in Africa.

The mother asks if the pin prick will wake her sleeping child.

PHILIPPINES

BONGAO

This is a Badjao child.



This is her home.

This is her hope of healing.

Crowded into a one-room dispensary, Medical Mission Sisters on the island of Bongao in the Sulu Archipelago continue to examine and treat patients, and do pharmacy and lab work while awaiting the completion of their proposed 35-bed hospital. Early each morning Sister Perpetua leaves by speedboat to seek out the sick. Visiting a different island each day, she sets up office under a banana tree or in the bamboo home of one of the local residents, and sees patients all morning.

Other Sisters operate the clinic or go out to the homes of the people. Home visitations are never routine. The boat is home for the Badjaos, sea gypsies who live in absolute poverty and depend on fishing for food and livelihood. Tuberculosis, malaria and intestinal worms are prevalent among these people. The little girl pictured above is suffering from intestinal parasites and nutritional deficiency. In such a medically deprived area, public health programs and the presence of trained personnel mean the difference between life or death.

UNITED STATES

PHILADELPHIA

"Help them to heal and uplift the people under their care, that your grace and truth may be found among all men." So the gathering of family and friends prays during the Departure Ceremony for Sisters leaving on their first mission assignment. Enriching the departees' own plea for "power and strength to continue Christ's work both in times of happiness and hardship" is their joyous, overflowing spirit of gratitude to God, to the Society, to all who have helped them to follow their religious and missionary vocation.

The house in Fox Chase, a suburb of Philadelphia, has experienced many such grateful farewells in the last 28 years. Established as the headquarters of the American province, Fox Chase stands as a central point through which the lines of communication and service flow in order to criss-cross the globe.

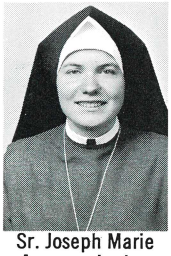
Here, on several acres of grassy hills and tree-lined walks, candidates receive their religious and missionary training. Here, too, the Sisters in the field come home every five to seven years for six months of spiritual and professional renewal. The publicity offices and mission procurement department are located on the compound together with the provincial administrative offices.

From this center in Philadelphia, Medical Mission Sisters go to schools in San Francisco, St. Louis, Washington and New York or to one of the province's 16 hospitals in South America, Africa and Asia.

This year 24 Sisters departed for various missions; 18 Sisters returned for renewal; 13 Sisters made religious vows for the first time.

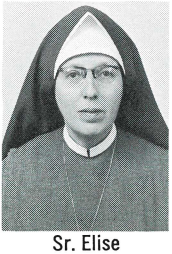
The departure prayer continues: "Let us proceed in peace. In the Name of the Lord. Amen."

The Medical Mission Sisters' house in Fox Chase, Philadelphia welcomes autumn with the falling leaves.



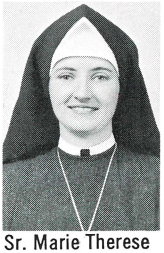
Sr. Joseph Marie
Amman, Jordan

Sr. M. Richard
Rome, Italy



Sr. Elise
Berekum, Ghana

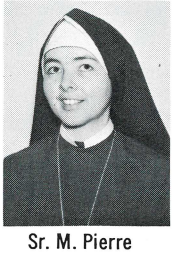
Sr. M. Raphael
Berekum, Ghana



Sr. Marie Therese
Berekum, Ghana

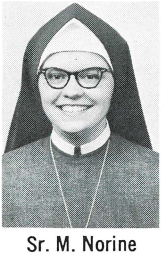
Sr. M. Jude
Dacca,
East Pakistan

Sr. Helen Marie
Karachi,
West Pakistan

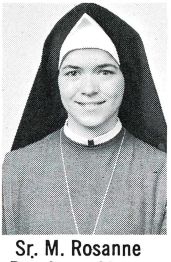


Sr. M. Pierre
Karachi,
West Pakistan

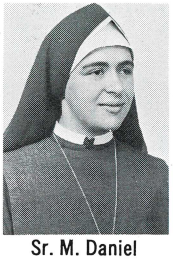
Sr. M. Stephen
Rawalpindi,
West Pakistan



Sr. M. Norine
Rawalpindi,
West Pakistan

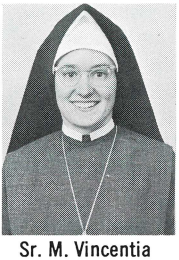


Sr. M. Rosanne
Berekum, Ghana



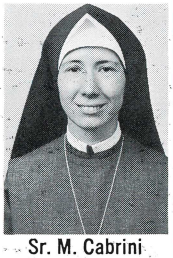
Sr. M. Daniel
Berekum, Ghana

Bound
for
overseas
assignments
in
1967

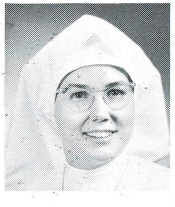


Sr. M. Vincentia
Berekum, Ghana

Sr. M. Kevin
Rome, Italy

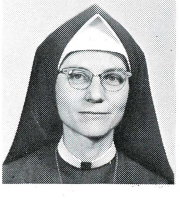


Sr. M. Cabrini
Poona, India

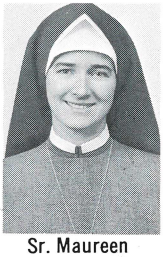


Sr. M. Susan
Maracaibo,
Venezuela

Sr. M. Victoria
Maracaibo,
Venezuela



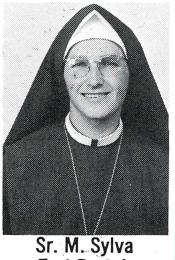
Sr. M. Stella
Maracaibo,
Venezuela



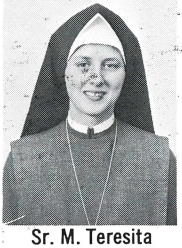
Sr. Maureen
Lipa City,
Philippines

Sr. M. Jeremy
Maracaibo,
Venezuela

Sr. M. Isabelle
Quinhon,
South Vietnam

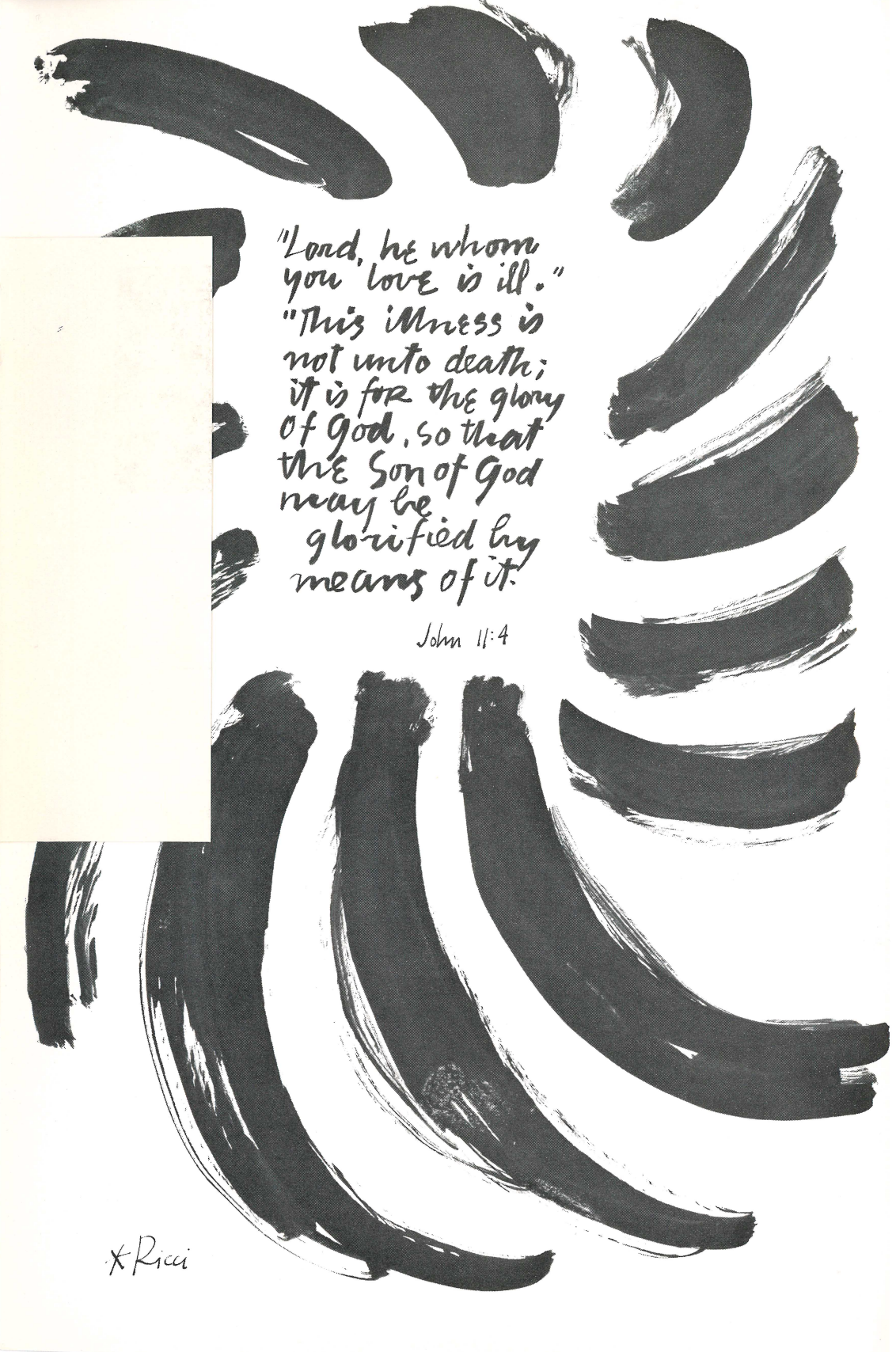


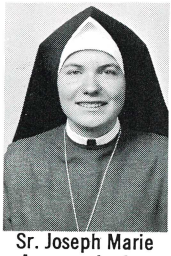
Sr. M. Sylva
Fort Portal,
Uganda



Sr. M. Teresita
Mymensingh,
East Pakistan

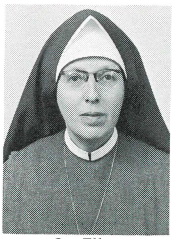
Sr. M. Pius
New Delhi, India


"Lord, he whom
you love is ill."
"This illness is
not unto death;
it is for the glory
of God, so that
the Son of God
may be
glorified by
means of it.
John 11:4
Ricci



Sr. Joseph Marie
Amman, Jordan

Sr. M. Richard
Rome, Italy



Sr. Elise
Berekum, Ghana

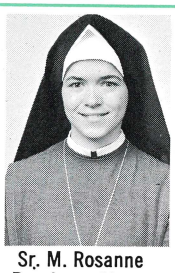
Sr. M. Raphael
Berekum, Ghana

Sr. M. Jude
Dacca,
East Pakistan

Sr. Helen Marie
Karachi,
West Pakistan

Sr. M. Pierre
Karachi,
West Pakistan

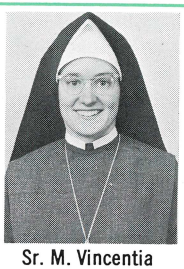
Sr. M. Stephen
Rawalpindi,
West Pakistan



Sr. M. Rosanne
Berekum, Ghana

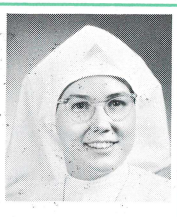
Sr. M. Daniel
Berekum, Ghana

Bound
for
overseas
assignments
in
1967



Sr. M. Vincentia
Berekum, Ghana

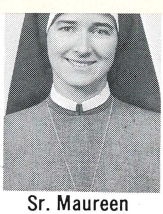
Sr. M. Cabrini
Poona, India



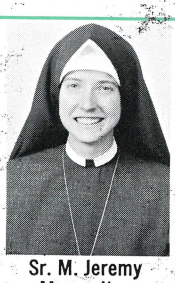
Sr. M. Susan
Maracaibo,
Venezuela

Sr. M. Victoria
Maracaibo,
Venezuela

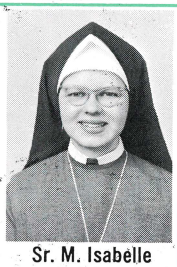
Sr. M. Stella
Maracaibo,
Venezuela



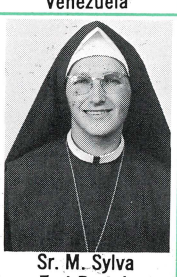
Sr. Maureen
Lipa City,
Philippines



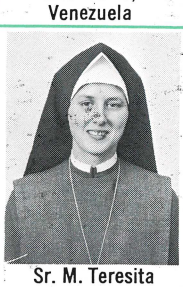
Sr. M. Jeremy
Maracaibo,
Venezuela



Sr. M. Isabelle
Quinhon,
South Vietnam

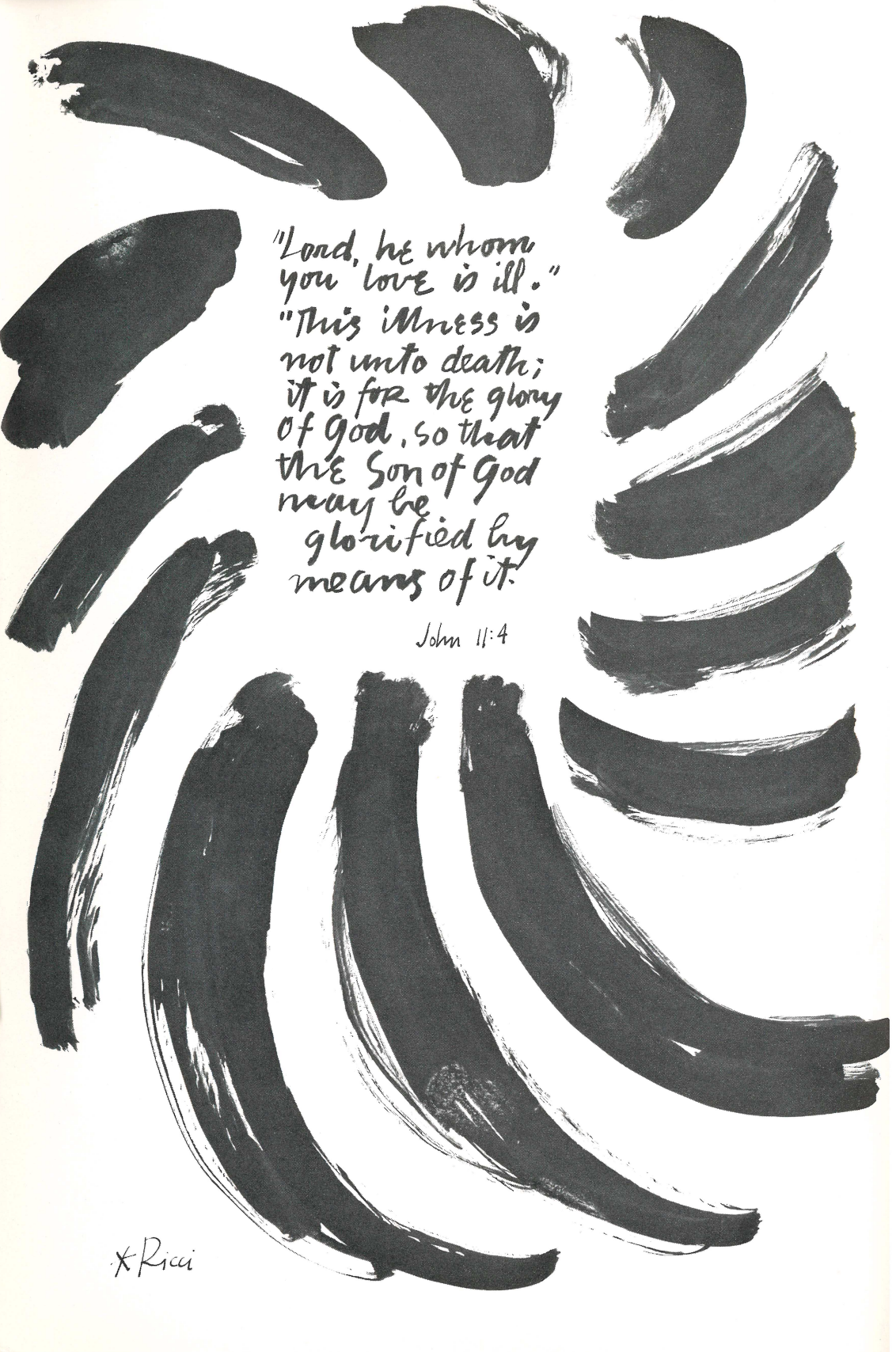


Sr. M. Sylva
Fort Portal,
Uganda



Sr. M. Teresita
Mymensingh,
East Pakistan

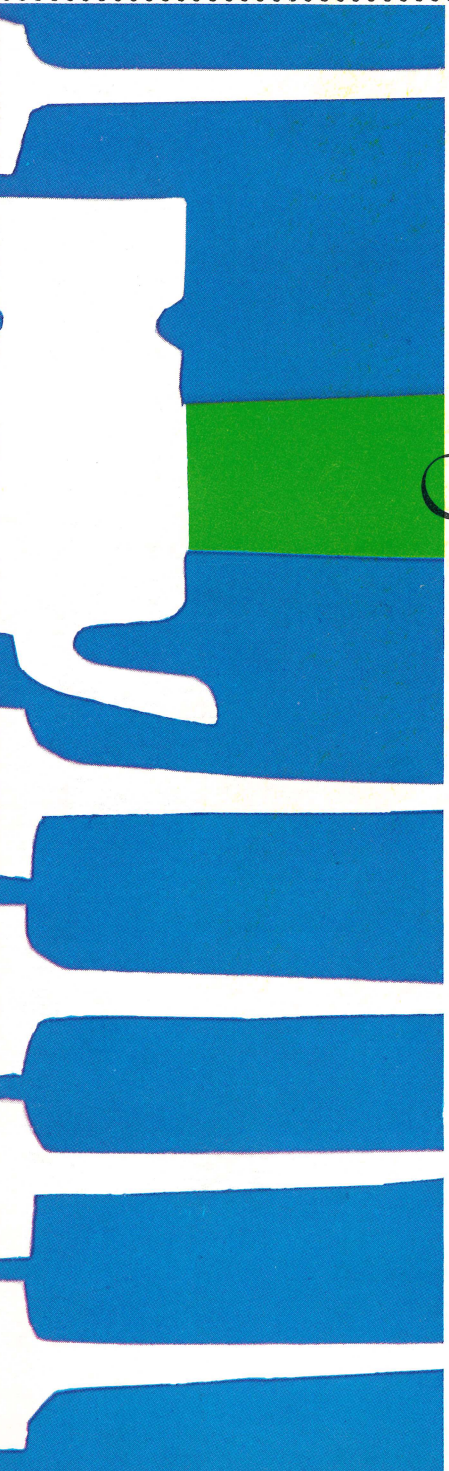
Sr. M. Pius
New Delhi, India


"Lord, he whom
you love is ill."
"This illness is
not unto death;
it is for the glory
of God, so that
the Son of God
may be
glorified by
means of it.
John 11:4
Ricci

So would I, and here's my $_____
to prove it.

_____

MEDICAL MISSION SISTERS • PHILADELPHIA • PENNA • 1911



IF we had to do it OVER AGAIN, would we?

YES.

We have to. We have to build again in Berekum, Ghana — a bigger, roomier out-patient department.